Name in Full [illegible]

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Millington County: Kent Co

Date of death 1904 | Month: 11 | Day: 16 | Age: Years 72 | Months | Days

Sex: Male | Color or Race: Negro | Birthplace: Millington

Occupation: Farm Hand | Where Residing if not at place of death: Millington

Married, Single or Widowed: Single | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility — How long: Year

Immediate: Coma — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Cannaday

Address: Millington Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8561G

Name in Full: Clara Williams Conaway

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall; County: Kent

Date of death: Month: Nov; Day: 13; 1904

Age: Years: 28; Months: 5; Days: 27

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George S Conway

Father's Birthplace: Maryland

Mother's Maiden Name: Hallie E. Hearn

Mother's Birthplace: Maryland

Name of person giving Information: George S Conway

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: 2 years

Immediate: Syncope due to Pneumothorax

How long: Few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. L. Long M.D

Address: Rock Hall Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Martha Catherene Dale

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rock Hall — County: Kent

Date of death: Month: Nov — Day: 19 — 1904

Age: Years: 23 — Months: 2 — Days:

Sex: Female — Color or Race: White — Birthplace: Kent Co Md

Occupation: House Wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: William T Dale

Father's Name: George T Sewell — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Ellenmore Ashley — Mother's Birthplace: Md

Name of person giving In formation: George T. Sewell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 yrs

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. L. Longfellow M.D.

Address: Rock Hall Kent Co. Md

Accident or Suicide?

LIBRARY BUREAU A68516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: James H. Garey

Died at: Town: Kennedyville; County: Kent

Date of death 1907: Month: Nov.; Day: 11; Age: Years: 73; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Delaware

Occupation: Farmer; Where Residing if not at place of death: Kennedyville

Married, Single or Widowed: Married; Name of Wife or Husband: Mary V. Garey

Father's Name: James Garey; Father's Birthplace: Delaware

Mother's Maiden Name: Lydia Ann Locker; Mother's Birthplace: Delaware

Name of person giving information: Leonard A. Pennington; How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis & Arterial atheroma; How long: 4 months

Immediate: Exhaustion & heart failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. Irvin Barnett

Address: Kennedyville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88318

Still Pond

Name in Full: Mary Emma Hardesty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death: 1904 Month: Nov Day: 15 Years: Age 21 Months: 2 Days: —

Sex: Female Color or Race: White Birthplace: Queen Anne Co

Occupation: Unemployed Where Residing if not at place of death: Chestertown, Md.

Married, Single or Widowed: Married Name of Wife or Husband: Francis A Hardesty

Father's Name: Chas. W. Rolph Father's Birthplace: Queen Anne Co

Mother's Maiden Name: Mollie F Bennett Mother's Birthplace: Delaware

Name of person giving Information: Francis A Hardesty How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis 27 How long: 10 or 12 months

Immediate: Tuberculosis. How long: " " " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Bayne Simmons

Address: Chestertown Md

Accident or Suicide? No.

LIBRARY BUREAU A8S518

Name in Full: Still Born infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hancocks Point; County: Kent

Date of death: Month: Nov; Day: 27; 1904

Age: Years: —; Months: —; Days: —

Sex: male; Color or Race: white; Birthplace: md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Carson W. Harris; Father's Birthplace: md

Mother's Maiden Name: Emma Franklin; Mother's Birthplace: md

Name of person giving Information: mrs Franklin; How related to deceased: Grandmother

CAUSES OF DEATH

Primary: Still Birth; How long: S

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm. S. Maxwell

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A88819

Still Pond

Name in Full

Amanda Hynson

Certificate of Death

Died at Town: Galena County: Kent — MARYLAND

Date 189 4 Month: 10-11 Day | Age Y. 2 M. 6 D. | Native of Md. | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Horace Hynson Mother's Name Henrietta Hynson

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 6 months

Immediate: General debility — Accident, Suicide, Homicide

Reported by L. W. Latimer

Address Galena Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full: John. L. Murray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fair Lee; County: Kent.

Date of death: Month: Nov.; Day: 5.; 1904

Age: Years: 48.; Months: ; Days:

Sex: Male.

Color or Race: Black

Birthplace: Kent Co Md

Occupation: Farmer.

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Carrie

Father's Name: Dont Know.

Father's Birthplace: Dont Know.

Mother's Maiden Name: Dont Know.

Mother's Birthplace: Dont Know

Name of person giving Information: X

How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 6 Weeks

Immediate: Exhaustion

How long: 7 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: L. D. Whaland M.D.

Address: Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Peter Reynolds

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rock Hall — County: Kent

Date of death: Month: Nov — Day: 6 — 1904 — Age: Years: 70 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: England

Occupation: Waterman — Where Residing if not at place of death: Rock Hall Md

Married, Single or Widowed: Married — Name of Wife or Husband: Anna Ellen

Father's Name: Joseph Reynolds — Father's Birthplace: England

Mother's Maiden Name: Sarah Younge — Mother's Birthplace: England

Name of person giving information: Emma Stevens — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sarcoma of Shoulder — How long

Immediate: Hemorrhage & Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? JP

Signature of Physician: Wm M. Beall MD

Address: Rock Hall md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Willie Roberts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Morgnec; County: Kent

Date of death: Month: 1904 Nov.; Day: 18; Years: Age 23; Months: ; Days:

Sex: Female; Color or Race: Black; Birthplace: Kent Co. Md

Occupation: Housework; Where Residing if not at place of death: Morgnec

Married, Single or ~~Widowed~~: single; Name of Wife or Husband: —

Father's Name: James Roberts; Father's Birthplace: Kent Co Md

Mother's Maiden Name: Margaret A. James; Mother's Birthplace: Kent Co Md

Name of person giving Information: Thomas Roberts; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long: one year

Immediate: Consumption; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. F. Barwick

Address: Kennedyville Md.

~~Accident~~ or Suicide?

LIBRARY BUREAU A88818

Name in Full: Richard Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Morgnec — County: Kent

Date of death: 190 4 — Month: Nov — Day: 13 — Age: Years: 64 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace

Occupation: Laborer — Where Residing if not at place of death

Married, Single or Widowed: Widower — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Richard Robinson — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of Liver — How long: 3 months

Immediate: Ascites — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. T. Simpers

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: William H Spry.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sassafras; County: Kent

Date of death 1904: Month: Nov; Day: 11; Age: Years 63; Months 11; Days 6

Sex: Male; Color or Race: White; Birthplace: Delaware

Occupation: Merchant; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Sarah J. Clark.

Father's Name: Luff Spry; Father's Birthplace: Delaware

Mother's Maiden Name: Rachael Tessman; Mother's Birthplace: Delaware

Name of person giving Imformation: ; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

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PHYSICIAN OR CORONER

Primary: Hemiplegia; How long: One year

Immediate: Apoplexy; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N M Jeter MD

Address: Sassafras, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Millie Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestnuttville; County: Kent

Date of death: 1904 Month: Nov Day: 9th Age: Years 61 Months Days

Sex: Female Color or Race: Black Birthplace: Kent Co. Md.

Occupation: Housework Where Residing if not at place of death: At home

Married, Single or Widowed: Married Name of Wife or Husband: Alexander Thompson

Father's Name: Don't Know Father's Birthplace

Mother's Maiden Name: Mother's Birthplace

Name of person giving information: Alex. Thompson How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis 1 yr How long: Four years

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. P. Tavenner M.D.

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU Ad3816

J. L. Smith

interment Chestnut

Name in Full: John Thomas Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edesville — County: Kent

Date of death: 1904 — Month: Novemb — Day: 21

Age: Years: — Months: 2 — Days: 21

Sex: male — Color or Race: Colored — Birthplace: Edesville Md

Occupation: — Where Residing if not at place of death: Kent Co Md

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Williams — Father's Birthplace: Maryland

Mother's Maiden Name: Hester Thompson — Mother's Birthplace: "

Name of person giving Information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 93

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm W Beall MD

Address: Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A66516